

SENDER: COMPLETE		CERTIFIED MAIL TM		DELIVERY	
<p>■ Complete items 1, 2, item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE</p>			
<p>1. Article Addressed to:</p> <p><i>Hennrich L. Lawson</i> <i># 04-70-061</i> <i>FBI Morgantown</i> <i>P.O. Box 1000</i> <i>Morgantown, WV 26507</i></p>		<p>X <i>Shelton</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>		<p>B. Received by (Printed Name) <i>S. Danilo</i></p>	
				<p>C. Date of Delivery <i>3-19-10</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>			
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
<p>2. Article Number (Transfer from service label)</p>		<p><i>1:07-mc-021-SJD DN14</i></p> <p><i>7002 3150 0000 8388 8740</i></p>			
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>	